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WEMMH/SB/21 (4/03)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/540.786
Filing Date	September 21, 2005
First Named Inventor	Andreas MELZER
Group Art Unit	3734
Examiner Name	Lindsey M. Bachman
Attorney Docket Number	8324-2

Total Number of Pages in this Submission

39

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached see PTO-2038 form	<input checked="" type="checkbox"/> Drawing(s) – 2 sheets red-marked; 2 sheets formal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, and Correspondence Address Form	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request – 1 month	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Substitute Specification.
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>James M. Durlacher</i>
Date	August 14, 2006

Certificate of Mailing

I hereby certify that this correspondence is being mailed via First Class Mail to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: August 14, 2006

Typed or printed name	James M. Durlacher, Reg. No. 28,840		
Signature	<i>James M. Durlacher</i>	Date	August 14, 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006

AUG 18 2006

Complete if Known

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☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$65.00)

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility		300		500		200	0
Design		200		100		130	
Plant		200		300		160	
Reissue		300		500		600	
Provisional		200		0		0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)
 Multiple dependent claims

Small Entity	Fee (\$)
	50
	200
	360

Multiple Dependent Claims

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 * -20 or HP = * x 50 = 0
 HP = highest number of total claims paid for, if greater than 20

Fee (\$) **Fee Paid (\$)**
 x 360 = 0

Independent Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 * -3 or HP = 0 x 200 = 0
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 -100 = /50 = (round up to a whole number) x 0

4. OTHER FEE(S)

Fee for 1 month extension of time/small entity **Fee Paid (\$)**
 65.00

SUBMITTED BY

Signature	James M. Durlacher	Registration No. (Attorney/Agent)	28,840	Telephone	(317) 634-3456
Name (Print/Type)	James M. Durlacher	Date	August 14, 2006		

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: **August 14, 2006**

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Signature	James M. Durlacher
Date	August 14, 2006

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